



**PERMITTED DISPOSAL SITES**  
**SANITARY PUMPER PERMIT**  
NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF WATER QUALITY  
SFN 60533 (12/13)

FOR DEPT. USE ONLY

Date Received

**GENERAL INFORMATION**

1. Name of Business

**PROPOSED DISPOSAL SITES**

Wastewater Treatment Facilities:

2. NDPDES Permit Number	3. Facility Name	4. Type of Treatment <input type="checkbox"/> Facultative Lagoon <input type="checkbox"/> Other, Describe: _____ <input type="checkbox"/> Mechanical Treatment _____	
5. Printed Name of Representative	6. Signature of Representative	7. Title	8. Date
9. NDPDES Permit Number	10. Facility Name	11. Type of Treatment <input type="checkbox"/> Facultative Lagoon <input type="checkbox"/> Other, Describe: _____ <input type="checkbox"/> Mechanical Treatment _____	
12. Printed Name of Representative	13. Signature of Representative	14. Title	15. Date
16. NDPDES Permit Number	17. Facility Name	18. Type of Treatment <input type="checkbox"/> Facultative Lagoon <input type="checkbox"/> Other, Describe: _____ <input type="checkbox"/> Mechanical Treatment _____	
19. Printed Name of Representative	20. Signature of Representative	21. Title	22. Date
23. NDPDES Permit Number	24. Facility Name	25. Type of Treatment <input type="checkbox"/> Facultative Lagoon <input type="checkbox"/> Other, Describe: _____ <input type="checkbox"/> Mechanical Treatment _____	
26. Printed Name of Representative	27. Signature of Representative	28. Title	29. Date

**SIGNATURE**

**RETURN COMPLETED  
APPLICATION TO:**

North Dakota Department of Health  
Division of Water Quality  
918 East Divide Avenue, 4<sup>th</sup> Floor  
Bismarck, ND 58501-1947

Telephone: (701) 328-5210  
Fax: (701) 328-5200

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

30. Printed name of applicant(s)

31. Title

32. Signature of applicants(s)

33. Date

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**Instructions**

Submission of this application is notice that the owner identified on the application intends to be permitted as a sanitary pumper in the state of North Dakota.

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**General Information**

1. **Name of Business.** Provide legal name of business as listed on permit application form

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**Proposed Disposal Methods**

2, 9, 16, 23. **NDPDES Number.** Provide a valid NDPDES permit number for facility to be used

3, 10, 17, 24. **Facility Name.** Provide the legal name of the facility to be used

4, 11, 18, 25. **Type of Treatment.** Check type of treatment and describe if "Other"

5 through 8, 12 through 15, 19 through 22, 26 through 29

**Representative.** Name, Signature, title and date of facility operator or designated representative of the owner or operator granting permission to use the facility for disposal and treatment

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**Signature Information**

30 through 33. **Owner Information.** Provide the information requested for the owner of the sanitary pumper business